

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/331264	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5				1			55					
6				1			56					
7				1			57					
8				1			58					
9				1			59					
10				1			60					
11				1			61					
12				1			62					
13				1			63					
14				1			64					
15				1			65					
16				1			66					
17				1			67					
18				1			68					
19				1			69					
20				1			70					
21				1			71					
22				1			72					
23				1			73					
24				1			74					
25				1			75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38						1	88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			1				TOTAL IND.					
TOTAL DEP.			1	24			TOTAL DEP.					
TOTAL CLAIMS			25				TOTAL CLAIMS					